## Case 16-36613 Doc 1 Filed 11/17/16 Entered 11/17/16 08:07:25 Desc Main Document Page 1 of 59

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this an amended filing

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is or your government-issued picture identification (for example, your driver's license or passport).	Shlotta First name  S.  Middle name	First name  Middle name	_
	Bring your picture identification to your meeting with the trustee.	Gilbert  Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you ha			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9161		

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Case number (if known)

Debtor 1 Shlotta S. Gilbert

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 30 Washington Ave La Grange, IL 60525 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Shlotta S. Gilbert

7.	The chapter of the Bankruptcy Code you are choosing to file under									
	<b>3</b>	☐ Cha	•							
		☐ Cha	pter 11							
		☐ Cha	pter 12							
		■ Cha	apter 13							
8.	How you will pay the fee	_ _ o	bout how yo	hay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details now you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money lf your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with printed address.						
				the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay						
			•	e <i>in Installment</i> s (Official Form t <b>my fee be waived</b> (You may		this option only	if you are filing for Char	oter 7. By law, a judge may.		
		b a	ut is not requ pplies to you	uired to, waive your fee, and not in the feet and not in family size and you are unaled in to Have the Chapter 7 Filing	nay do so ole to pa	o only if your inc y the fee in insta	come is less than 150% (allments). If you choose	of the official poverty line that this option, you must fill out		
9.	Have you filed for bankruptcy within the last 8 years?	□ No. ■ Yes.								
	last o years:	<b>–</b> 165.		Northern District of IL,						
			District	Eastern Division	When	7/08/13	Case number	13-27476		
			District		When		Case number			
			District		When		Case number			
10.	Are any bankruptcy cases pending or being	■ No								
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor				Relationship to y	/ou		
			District		When		Case number, if	known		
			Debtor				Relationship to y	/ou		
			District		When		Case number, if	known		
11.	Do you rent your	■ No.	Go to li	ne 12.						
	residence?	☐ Yes.	Has yo	ur landlord obtained an eviction	n judgm	ent against you	and do you want to stay	in your residence?		
				No. Go to line 12.						
				Yes. Fill out Initial Statement	About ar	n Eviction Judan	nent Against You (Form	101A) and file it with this		

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Desc Main Document Page 4 of 59 Case number (if known) Debtor 1 Shlotta S. Gilbert Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D).

### Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Part 4:

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

INO.	

☐ Yes.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

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Debtor 1 Shlotta S. Gilbert

Case number (if known)

## Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-36613 Doc 1 Filed 11/17/16 Entered 11/17/16 08:07:25 Desc Main Document Page 6 of 59 Case number (if known) Debtor 1 Shlotta S. Gilbert Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 2

Executed on

/s/ Shlotta S. Gilbert

Executed on November 15, 2016

Shlotta S. Gilbert Signature of Debtor 1

Debtor 1 Shlotta S. Gilbert Page 7 of 59 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ George	M. Vogl, IV ARDC #	Date	November 15, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
George M.	Vogl, IV ARDC #		
	Vu & Borges, LLC		
105 W. Ma 23rd Floor			
Chicago, I	L 60602		
Number, Street,	City, State & ZIP Code		
Contact phone	312-853-0200	Email address	notice@billbusters.com
6273590			
Bar number & St	tate		

		Docum	ent Page 8 of 5	59	
Fill in this infor	mation to identify your	case:			
Debtor 1	Shlotta S. Gilbert				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number _ (if known)					☐ Check if this is an amended filing
					-

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	153,674.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,274.64
	1c. Copy line 63, Total of all property on Schedule A/B	\$	162,948.64
Par	t 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	229,461.60
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,500.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	25,075.20
	Your total liabilities	\$	256,036.80
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,569.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,199.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

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Case number (if known) Debtor 1 Shlotta S. Gilbert

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,412.69 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	13,029.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	14,529.00

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Fill	in this infor	mation to identify	your case and th				Paue 10 0	1.59					
	otor 1	Shlotta S. G											
	7.01	First Name		e Name		L	Last Name						
	otor 2 use, if filing)	First Name	Middle	e Name			Last Name						
					DIOT OF								
Uni	ted States Ba	ankruptcy Court for	the: NORTHER	KN DISTI	RICT OF	ILLING	)IS						
Cas	se number											Check if this amended fill	
Դf∙	ficial Ec	orm 106A/E	1										
_		le A/B: Pi	_									12	2/15
n ea hink nfor ansv	ch category, cit fits best. I mation. If mo wer every que	separately list and d Be as complete and a re space is needed, stion.	escribe items. List accurate as possib attach a separate s	le. If two heet to th	married po his form. C	people a On the to	re filing togethe op of any additi	r, both are o	equally resp	onsible for su	pplyi	ng correct	•
Part	Describe	Each Residence, B	uilding, Land, or Ot	her Real	Estate Yo	ou Own	or Have an Inter	est In					
. D	o you own or	have any legal or eq	uitable interest in a	any resid	ence, build	lding, la	ınd, or similar pr	operty?					
	No. Go to Pa	ırt 2.											
	Yes. Where	is the property?											
1.1		_		What	is the pro	operty?	Check all that apply						
		ngton Ave	aviation .		Single-fa	amily hor	me			luct secured cla			
	Street address	, if available, or other des	cription		•		unit building		the amount of any secured claims on Schell Creditors Who Have Claims Secured by Pre				
					Condomi	iinium or	cooperative						
					Manufact	ctured or	mobile home		Current	due of the	C	ront value of	tho
	La Grang	e IL	60525-0000		Land				Current va entire pro			rent value of tion you own	
	City	State	ZIP Code		Investme		erty		\$1	53,674.00	_	\$153,67	74.00
					Timeshar		or's Residen		Describe t	he nature of y	our o	wnership inte	rest
				Who	Other				•	ee simple, ten :e), if known.	ancy	by the entireti	es, or
				wno	Debtor 1		the property?	neck one	Fee Sim	•			
	Cook				Debtor 2	•				<u>.                                      </u>			
	County						btor 2 only		Ob a si	. !			
					At least o	one of th	ne debtors and ar	nother		k if this is com structions)	ımunı	ty property	
						-	wish to add abo	out this item	ı, such as lo	ocal			
				prope	erty identif	ification	number:						

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$153,674.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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D	ebtor 1	Shlotta S. Gilbert	Document	Page 11 of 59	umber (if known)	
3.	Cars, va	ans, trucks, tractors, sport util	ity vehicles, motorcycles			
	□ No					
	■ Yes					
3	3.1 Mak	<sub>ke:</sub> Nissan	Who has an interest in th			d claims or exemptions. Put
	Mod	del: Altima	Debtor 1 only			cured claims on Schedule D: Claims Secured by Property.
	Yea	r: <b>2009</b>	Debtor 2 only		Current value of the	Current value of the
	Арр	roximate mileage: 800	<del></del>		entire property?	portion you own?
	Othe	er information:	At least one of the debt	ors and another		
			Check if this is comm (see instructions)	unity property	\$5,600.00	\$5,600.00
Pa	.pages	e dollar value of the portion yo you have attached for Part 2. V escribe Your Personal and Housel wn or have any legal or equital	Write that number here			\$5,600.00  Current value of the portion you own?
6.		nold goods and furnishings les: Major appliances, furniture, l	linens, china, kitchenware			Do not deduct secured claims or exemptions.
	Yes.	Describe				
		Loveseat,	household goods and furn Refrigerator, Freezer, Stov Dishes/Flatware,Coffee Ma	e, Microwave, Washer/Dr		\$800.00
7.	□ No	nics les: Televisions and radios; audiiincluding cell phones, came  Describe		pment; computers, printers, so	anners; music colle	ections; electronic devices
		2 Televisio Phone.	n, DVD Player, Computer, I	Printer, Tablet, and 3 Cell		\$600.00
8.	Example —	ibles of value les: Antiques and figurines; paint other collections, memorabil		oks, pictures, or other art obje	cts; stamp, coin, or	baseball card collections;
	■ No □ Yes.	Describe				
9.	Example No	neent for sports and hobbies  les: Sports, photographic, exerci musical instruments  Describe	se, and other hobby equipment;	bicycles, pool tables, golf club	os, skis; canoes and	l kayaks; carpentry tools;

Case 16-36613 Doc 1 Filed 11/17/16 Entered 11/17/16 08:07:25 Desc Main Document Page 12 of 59 Debtor 1 Case number (if known) Shlotta S. Gilbert 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$600.00 Personal Used Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Various Costume Jewelry \$200.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,200.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Chase Bank** \$153.00 17.1. Checking **Chase Bank** \$0.00 Savings 17.2.

**Chase Bank-College Checking Account** 

Official Form 106A/B Schedule A/B: Property

17.3. Checking

\$65.00

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Case number (if known) Document Debtor 1 Shlotta S. Gilbert 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401(k) **ADP** \$1,256.64 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor	1 Shlotta S. Gilbert	Document	Page 14 of 59 Case number (if known)	
	refunds owed to you			
20. Tax	-			
□ Y	es. Give specific information about them, i	including whether you alre	eady filed the returns and the tax years	
Exa ■ N	, , , , , , , , , , , , , , , , , , , ,	oousal support, child supp	oort, maintenance, divorce settlement, property	/ settlement
Exa ■ N	benefits; unpaid loans you made		nefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	rests in insurance policies	· health savings account (	(HSA); credit, homeowner's, or renter's insura	nce
ПΝ	· · · · · · · · · · · · · · · · · · ·	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
<b>■</b> Y	es. Name the insurance company of each Company name		Beneficiary:	Surrender or refund value:
		urance through Empl rrender Value	Steven Gilbert	\$0.00
■ N □ Y  33. Clai Exa	es. Give specific information  ims against third parties, whether or no amples: Accidents, employment disputes,			
34. <b>O</b> th		of every nature, includin	ng counterclaims of the debtor and rights to	o set off claims
□ Y	es. Describe each claim			
■ N	r financial assets you did not already lis o es. Give specific information	st		
	dd the dollar value of all of your entries r Part 4. Write that number here	· · · · · · · · · · · · · · · · · · ·	nny entries for pages you have attached	\$1,474.64
Part 5:	Describe Any Business-Related Property Yo	ou Own or Have an Interest	In. List any real estate in Part 1.	
■ No	ou own or have any legal or equitable interest. Go to Part 6. s. Go to line 38.	st in any business-related p	property?	
Part 6:	Describe Any Farm- and Commercial Fishin If you own or have an interest in farmland, list i		vn or Have an Interest In.	
46. <b>Do</b>	vou own or have any legal or equitable	interest in any farm- or	commercial fishing-related property?	

No. Go to Part 7.

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Case number (if known) Document Debtor 1 Shlotta S. Gilbert ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$153,674.00 Part 2: Total vehicles, line 5 \$5,600.00 Part 3: Total personal and household items, line 15 \$2,200.00 Part 4: Total financial assets, line 36 58. \$1,474.64 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$9,274.64 Copy personal property total \$9,274.64 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$162,948.64

Entered 11/17/16 08:07:25

Desc Main

Official Form 106A/B Schedule A/B: Property page 6

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Doc 1

Filed 11/17/16

ation to identify your	case:			
Shlotta S. Gilbert				
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
				☐ Check if this is an amended filing
	Shlotta S. Gilbert First Name	Shlotta S. Gilbert  First Name Middle Name  First Name Middle Name	Shlotta S. Gilbert       First Name     Middle Name     Last Name       First Name     Middle Name     Last Name	Shlotta S. Gilbert  First Name Middle Name Last Name  First Name Middle Name Last Name

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemption	s are you claiming	? Check one only	, even if your	spouse is filing wit	h you
----	------------------------	--------------------	------------------	----------------	----------------------	-------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
30 Washington Ave La Grange, IL 60525 Cook County	\$153,674.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2009 Nissan Altima 80000 miles	\$5,600.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule AVD. 3.1			100% of fair market value, up to any applicable statutory limit	
Misc used household goods and furnishings, including: Sofa,	\$800.00		\$800.00	735 ILCS 5/12-1001(b)
Loveseat, Refrigerator, Freezer, Stove, Microwave, Washer/Dryer, Pots/Pans, Dishes/Flatware,Coffee Maker, Bedroom Sets.  Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
2 Television, DVD Player, Computer,	\$600.00		\$600.00	735 ILCS 5/12-1001(b)
Printer, Tablet, and 3 Cell Phone. Line from <i>Schedule A/B</i> : <b>7.1</b>	· · · · · · · · · · · · · · · · · · ·		100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Shlotta S. Gilbert Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Personal Used Clothing** 735 ILCS 5/12-1001(a) \$600.00 \$600.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Various Costume Jewelry** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking: Chase Bank** 735 ILCS 5/12-1001(b) \$153.00 \$153.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Chase Bank 735 ILCS 5/12-1001(b) \$0.00 \$0.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Checking: Chase Bank-College 735 ILCS 5/12-1001(b) \$65.00 \$65.00 **Checking Account** Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k): ADP 735 ILCS 5/12-1006 \$1,256.64 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Term Life Insurance through 215 ILCS 5/238 \$0.00 \$0.00 **Employer - No Cash Surrender Value** Beneficiary: Steven Gilbert 100% of fair market value, up to Line from Schedule A/B: 31.1 any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Nο Yes

			Document	Page 1	18 of 59		
Fill in t	this informa	tion to identify you	r case:				
Debtor	1	Shlotta S. Gilber	rt				
		First Name	Middle Name	Last Name		-	
Debtor						_	
(Spouse i	if, filing)	First Name	Middle Name	Last Name			
United	States Bank	ruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS			
						=	
Case n							
(if known)	)					_	if this is an
						amend	led filing
Offici	al Form	106D					
-				_			
Scne	eaule D	): Creditors	Who Have Claims	Secure	ea by Properi	<u>:y                                    </u>	12/15
Be as co	mplete and a	ccurate as possible. I	f two married people are filing togetl	her, both are	equally responsible for s	upplying correct informa	tion. If more space
is neede	d, copy the A		out, number the entries, and attach it				
	(if known).						
	-	ave claims secured by					
	No. Check th	nis box and submit th	nis form to the court with your othe	r schedules.	You have nothing else	to report on this form.	
•	Yes. Fill in al	II of the information b	pelow.				
Part 1:	List All S	Secured Claims					
	•		nore than one secured claim, list the cr	editor congrate	Column A	Column B	Column C
for each	claim. If more	e than one creditor has	a particular claim, list the other creditor	rs in Part 2. As		Value of collateral	Unsecured
much as	s possible, list	the claims in alphabetic	cal order according to the creditor's nan	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any
A	mericredit	Financial			value of collateral.	Ciaiiii	II ally
1211	ervices, In		Describe the property that secures	the claim:	\$2,727.60	\$5,600.00	\$0.00
Cr	reditor's Name		2009 Nissan Altima 80000 n	niles			
	ba GM Fin		As of the date you file, the claim is:	Chack all that			
	O Box 183		apply.	. Crieck all triat			
_A	rlington, T	X 76096	☐ Contingent				
Νι	umber, Street, Ci	ity, State & Zip Code	Unliquidated				
		• • •	Disputed				
Who ov	wes the debt	? Check one.	Nature of lien. Check all that apply.				
	tor 1 only			mortgage or s	secured		
Debt	tor 2 only		_				
_	tor 1 and Debt	,	Statutory lien (such as tax lien, me	echanic's lien)			
_		debtors and another	☐ Judgment lien from a lawsuit			44	
	ck if this clair nmunitv debt		Other (including a right to offset)	Purchase	e Money Security In	terest	
COII	illiullity debt						
		Opened					
		2/01/11					
D.4. I.		Last Active	Lord A. Potto of Consultation	her 7632	)		
Date de	bt was incurr	ed 4/19/13	Last 4 digits of account num	iber 7002	<u>-</u>		
					4000 =0 4 00	4450 054 00	**
	hellpoint Neditor's Name	Mortgage Se	Describe the property that secures		\$226,734.00	\$153,674.00	\$0.00
Cr	reditor's Name		30 Washington Ave La Gran	nge, IL			
			60525 Cook County				
5	5 Beattie P	21 Ste 110	As of the date you file, the claim is:	: Check all that	l e e e e e e e e e e e e e e e e e e e		
_	reenville,		apply.  ☐ Contingent				
		ity, State & Zip Code	☐ Unliquidated				
. • •	, 560, 61	,, 3 <u></u> p 0000	☐ Disputed				
Who ov	wes the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debt	tor 1 only		☐ An agreement you made (such as	mortgage or s	secured		
_	tor 2 only		car loan)				
_	tor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
_		debtors and another	☐ Judgment lien from a lawsuit	- 7			

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Debtor 1	Shlotta S.	Gilbert			Case number (if know)	
•	First Name	Middle Nam	e Last Name		_	
	if this claim re unity debt	elates to a	Other (including a right to offset)	Mortgage		
Date debt v	was incurred	Opened 07/07 Last Active 8/26/16	Last 4 digits of account nun	nber <u>8564</u>		
If this is		of your form, add th	umn A on this page. Write that nur e dollar value totals from all pages		\$229,461.60 \$229,461.60	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

		Documer	<u>it Page 20 o</u>	ot 59		
Fill in this inform	mation to identify your case	e:				
Debtor 1	Shlotta S. Gilbert					
	First Name	Middle Name	Last Name	_		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Loot Name			
(Spouse II, IIIIIIg)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the: N	ORTHERN DISTRICT (	OF ILLINOIS			
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Forr	m 106E/F					
	//F: Creditors Who	Have Uneccui	rod Claims			12/15
	d accurate as possible. Use Pa			2 for creditors with NON	DDIODITY claims I i	
	tracts or unexpired leases that					
Schedule G: Execu	utory Contracts and Unexpired	Leases (Official Form 10	6G). Do not include any	creditors with partially s	ecured claims that a	re listed in
	tors Who Have Claims Secured ntinuation Page to this page. If					
name and case nu		, , , , , , , , , , , , , , , , , , , ,	,		, p 0: a.i.y aaa	pagee,e yea.
Part 1: List A	II of Your PRIORITY Unsec	ured Claims				
1. Do any credito	ors have priority unsecured cla	aims against you?				
☐ No. Go to F	Part 2.					
Yes.						
	r priority unsecured claims. If a priority unsecured claims. If a priority is a claim has been been as the priority of the pri					
possible, list th	ne claims in alphabetical order ac than one creditor holds a particu	cording to the creditor's nar	me. If you have more thar			
(For an explan	ation of each type of claim, see t	he instructions for this form	in the instruction booklet.	.)		
				Total claim	Priority amount	Nonpriority amount
2.1 Interna	I Revenue Serivce	Last 4 digits of a	ccount number	\$1,500.00	\$1,500.00	\$0.00
•	reditor's Name				· · ·	- <u>- · · · · · · · · · · · · · · · · · ·</u>
P.O. Bo		When was the do	ebt incurred?			
	elphia, PA 19101-7346 Street City State Zlp Code	As of the date yo	ou file, the claim is: Che	ck all that apply		
Who incurre	d the debt? Check one.	☐ Contingent				
■ Debtor 1 o	only	☐ Unliquidated				
Debtor 2	only	☐ Disputed				
_	and Debtor 2 only	•	Y unsecured claim:			
	ne of the debtors and another	Domestic supp	port obligations			
_		_		46		
	this claim is for a community subject to offset?	_	rtain other debts you owe ath or personal injury while	•		
No	subject to onset?			e you were intoxicated		
□ Yes		Other. Specify	Federal Income	Taxes		
				Tunou		
Part 2: List A	III of Your NONPRIORITY U	nsecured Claims				
3. Do any credite	ors have nonpriority unsecure	d claims against you?				
☐ No. You ha	ave nothing to report in this part.	Submit this form to the cour	t with your other schedule	es.		
Yes.						
unsecured clai	r nonpriority unsecured claims im, list the creditor separately for tor holds a particular claim, list th	each claim. For each claim	listed, identify what type	of claim it is. Do not list cla	ims already included	in Part 1. If more

Total claim

Part 2.

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Document Page 21 of 59 Debtor 1 Shlotta S. Gilbert Case number (if know) 4.1 \$117.00 Calvary Portfolio Services Last 4 digits of account number 7651 Nonpriority Creditor's Name Attention: Bankruptcy Department When was the debt incurred? Opened 6/01/12 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacktriangledown Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Hsbc Bank Nevada ☐ Yes 4.2 Capital 1 Bank Last 4 digits of account number 1750 \$1,312.00 Nonpriority Creditor's Name Attn: Bankruptcy Dept. Opened 7/01/08 Last Active Po Box 30285 When was the debt incurred? 6/21/13 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.3 Citibank Usa \$383.00 7081 Last 4 digits of account number Nonpriority Creditor's Name Citicorp Credit Opened 6/01/07 Last Active Services/Attn:Centralize When was the debt incurred? 6/23/13 Po Box 20507 Kansas City, MO 64195 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Debtor 1 Shlotta S. Gilbert Document Page 22 of 59
Case number (if know)

4.4	Comenity Bank/Express	Last 4 digits of account number	0839	\$1,136.00
	Nonpriority Creditor's Name Po Box 18215 Columbus, OH 43218	When was the debt incurred?	Opened 02/15 Last Active 10/07/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	or plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.5	Comenity Bank/Victoria Secret  Nonpriority Creditor's Name	Last 4 digits of account number	9876	\$214.00
	Po Box 18215 Columbus, OH 43218	When was the debt incurred?	Opened 04/16 Last Active 10/07/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Charge Acc	count	
4.6	Dell Financial Services	Last 4 digits of account number	4661	\$1,682.00
	Nonpriority Creditor's Name Dell Financial Services Attn: Bankrupcty Po Box 81577 Austin, TX 78708	When was the debt incurred?	Opened 8/01/07 Last Active 4/15/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	

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4.7	Fed Loan Servicing	Last 4 digits of account number	0001	\$13,029.00
	Nonpriority Creditor's Name		Opened 11/14 Last Active	
	Po Box 69184	When was the debt incurred?	9/30/16	
	Harrisburg, PA 17106	_	<u> </u>	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	_ ′	Disputed		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	☐ Yes	Other. Specify		
	Li Tes	Educationa		
		Luucationa	21	
4.8	GECRB/JC Penny Nonpriority Creditor's Name	Last 4 digits of account number	8545	\$868.00
	Attention: Bankruptcy		Opened 6/01/06 Last Active	
	Po Box 103104	When was the debt incurred?	9/17/12	
	Roswell, GA 30076	_		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	■ Debtor 1 only	Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	ng plane, and other similar debts	
		·	• • • • • • • • • • • • • • • • • • • •	
	Yes	■ Other. Specify Charge Ac	count	
4.9	Harris & Harris, Ltd	Last 4 digits of account number	6113	\$51.00
	Nonpriority Creditor's Name	_		· · · · · · · · · · · · · · · · · · ·
	Harris & Harris, Ltd.	When was the debt incurred?	Opened 3/01/12	
	111 W Jackson Blvd 400 Chicago, IL 60604			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	<b>,</b>		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agranting and so and you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Пу		Attorney Med1 02 Emergency	
	☐ Yes	Other. Specify Healthcare	Phys	

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Document Page 24 of 59 Debtor 1 Shlotta S. Gilbert Case number (if know) 4.1 **Hinsdale Hospital** 9829 \$1,572.58 Last 4 digits of account number 0 Nonpriority Creditor's Name 120 N. Oak Street When was the debt incurred? June 2013 Hinsdale, IL 60521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes 4.1 **LaGrange Memorial Hospital** 7442 \$2,291.24 Last 4 digits of account number Nonpriority Creditor's Name 5101 S. Williow Spring Road When was the debt incurred? LaGrange, IL Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes 4.1 MEDICAL???? \$835.00 Last 4 digits of account number Nonpriority Creditor's Name NAME AND When was the debt incurred? ??? **ADDRESS** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Medical Other. Specify

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When was the debt incurred? **Opened 11/13** Po Box 6250 Madison, WI 53716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Emergency Healthcare** ☐ Yes Other. Specify **Physician** 

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Desc Main Document Page 26 of 59 Debtor 1 Shlotta S. Gilbert Case number (if know) 4.1 Suburban Radiologists, SC 7553 \$327.38 Last 4 digits of account number 6 Nonpriority Creditor's Name 1446 Momentum Place When was the debt incurred? Chicago, IL 60689 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical services ☐ Yes 4.1 **Trident Asset Manageme** 1513 \$55.00 Last 4 digits of account number Nonpriority Creditor's Name 5755 Northpoint Pkwy Ste When was the debt incurred? Opened 12/01/10 Alpharetta, GA 30022 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Sound And Spirit ☐ Yes 4.1 Us Dept Of Education \$0.00 1611 8 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 8/01/01 Last Active Po Box 16448 When was the debt incurred? 9/01/07 Saint Paul, MN 55116 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed

Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Educational

Debtor 1 Shlotta S. Gilbert Document Page 27 of 59
Case number (if know)

Nomprotey Creditor's Name Attention: Bankruptcy Po Box 182725 Columbus, OH 43218 Number Street City State 7p Code Who in incurred the debt? Check one.    Debtor 1 only   Debt	4.1 9	Victoria's Secret	Last 4 digits of account number	5980	\$313.00
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only		Attention: Bankruptcy Po Box 182125 Columbus, OH 43218		6/15/13	
Debtor 2 only   Debtor 1 and Debtor 2 only   Disputed		Who incurred the debt? Check one.			
Debtor 1 and Debtor 2 only		Debtor 1 only	☐ Contingent		
At least one of the debtors and another   Student loans   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim subject to offset?   Check claims   Check if this claim subject to offset?   Check claims   Check if this claim subject to offset?   Check claims		Debtor 2 only	☐ Unliquidated		
Check if this claim is for a community debt   Student loans   Chiegistics arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profits-haring plans, and other similar debts		☐ Debtor 1 and Debtor 2 only	•		
Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you did not report as priority claims   Collegations arising out of a separation agreement or divorce that you do not have additional persons to be notified to any debts in Parts 1 or 2, for example, if a collection agency is trying to collect from you for a debt you own to sometime for a debt you over to someone else, list the original creditor in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you own to sometime this page.		At least one of the debtors and another	_	d claim:	
Part 3: List Others to Be Notified About a Debt That You Already Listed  3. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you were to someone else, list the original creditor in Parts 1 or 2, then list the collection agency is trying to collect from you for a debt you were to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Smillarly, if you continue that you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  Altair Orl XII, LLC Cof Weinstein and Riley 2001 Western Avenue, STE 400 Seattle, WA 98121  Last 4 digits of account number  Name and Address PO Box 366 Hinsdale, IL 60522  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.9 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  PO Box 38706 Last 4 digits of account number  Name and Address PO Box 38706 Last 4 digits of account number  Name and Address PO-Box 38706 Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.8 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.19 of (Check one):  Part 1: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor		debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
Ves		<u> </u>		ag plane, and other similar debts	
List Others to Be Notified About a Debt That You Already Listed  i. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2, For example, if a collection agency here. Similarly, if you have nore than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have not have additional creditor?  Altair OH XII, LLC  C/o Weinstein and Riley  2001 Western Avenue, STE 400  Seattle, WA 98121  Last 4 digits of account number  Name and Address  Emergency Healthcare Physicians PO Box 366  Hinsdale, IL 60522  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  Hast Value of Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address  Altair OH XII, LLC  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecure				•	
is use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you list the original creditor?  Altair OH XII, LLC  CO Weinstein and Riley  2001 Western Avenue, STE 400  Seattle, WA 98121  Last 4 digits of account number  Name and Address  Emergency Healthcare Physicians  Con which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  Now 98706  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits o		☐ Yes	Other. Specify Charge Acc	count	
is use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, do not fill out or submit this page.  Name and Address Altair OH XII, LLC CO Weinstein and Riley 2001 Western Avenue, STE 400 Seattle, WA 98121  Last 4 digits of account number  Name and Address Emergency Healthcare Physicians PO Box 366 Hinsdale, IL 60522  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address Altair On Weinstein and Riley 2001 Western Avenue, STE 400  Name and Address Altair Colored Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address Altair On Weinstein Altair Colored Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Part 1: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address On which entr	Part '	3: List Others to Be Notified About a De	abt That You Already Listed		
Seattle, WA 98121  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Emergency Healthcare Physicians PO Box 366 Hinsdale, IL 60522  Name and Address  Name and Address  Name and Address  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number  Name and Address Portfolio Receovery Associates P.O.Box 41067 Norfolk, VA 23541  Name and Address  Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  Name and Address Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims	is tr have noti Name Altai c/o V	rying to collect from you for a debt you owe to see more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out and Address ir OH XII, LLC Weinstein and Riley	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addition submit this page.  On which entry in Part 1 or Part 2 did you Line 4.2 of (Check one):	Parts 1 or 2, then list the collection agency tional creditors here. If you do not have add list the original creditor? Part 1: Creditors with Priority Unsecured Clai	y here. Similarly, if you ditional persons to be
Emergency Healthcare Physicians PO Box 366 Hinsdale, IL 60522  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims		The state of the s	Last 4 digits of account number		
Name and Address HSBC NV PO Box 98706 Las Vegas, NV 89193    Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims	Eme PO E	rgency Healthcare Physicians Box 366	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
HSBC NV PO Box 98706 Las Vegas, NV 89193  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Name and Address Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			Last 4 digits of account flumber		
Name and Address PO.Box 41067 Norfolk, VA 23541  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.8 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	HSB PO E	C NV Box 98706	Line 4.1 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	
Portfolio Receovery Associates P.O.Box 41067 Norfolk, VA 23541  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one):  Part 2: Creditors with Nonpriority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims			Last 4 digits of account number		
Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  SOUND & SPIRIT PO BOX 91545 Indianapolis, IN 46291  Line 4.19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims  Part 2: Creditors with Priority Unsecured Claims	Port P.O.	folio Receovery Associates Box 41067	Line <u>4.8</u> of ( <i>Check one</i> ): □	Part 1: Creditors with Priority Unsecured Clai	
Last 4 digits of account number  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  SOUND & SPIRIT  PO BOX 91545 Indianapolis, IN 46291  Last 4 digits of account number  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims	Quai P.O.	ntum 3 Group LLC Box 788	Line <u>4.19</u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Clai	
SOUND & SPIRIT  PO BOX 91545 Indianapolis, IN 46291  Line 4.17 of (Check one):  □ Part 1: Creditors with Priority Unsecured Claims  □ Part 2: Creditors with Nonpriority Unsecured Claims	[X]	, 117. 00000 0100	Last 4 digits of account number		
	SOU PO E	IND & SPIRIT BOX 91545	Line <b>4.17</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Clai	
			Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**Total Claim** 

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Debtor 1 Shlotta S. Gilbert Document Page 28 of 59 Case number (if know)

Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,500.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,500.00
				Total Claim
Tatal	6f.	Student loans	6f.	\$ 13,029.00
Total claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that		
Holli Falt 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 12,046.20
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 25,075.20

		IAAAIIII	
Fill in this infor	mation to identify your	case:	
Debtor 1	Shlotta S. Gilbert		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS
Case number			
(if known)			

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	City		State	ZIP Code	
2.3					
	Name				
					_
	Number	Street			
					_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.5					
	Name				_
	1401116				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>

		Docume	ent Page 30 d	of 59	
Fill in thi	is information to identify you	r case:			
Debtor 1	Shlotta S. Gilber	-4			
DODIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	tates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	. ,				
Case nur	mber				Charletthia is an
(II KIIOWII)					Check if this is an amended filing
					amended ming
Officia	al Form 106H				
	dule H: Your Cod	lahtare			12/15
Scrie	dule H. Toul Cot	JEDIOI 3			12/15
ill it out, our nam		e boxes on the left. Attach n). Answer every question	the Additional Page :	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
■ No					
Arizo	ithin the last 8 years, have young, California, Idaho, Louisiana on Go to line 3. es. Did your spouse, former spo	a, Nevada, New Mexico, Pu ouse, or legal equivalent live	erto Rico, Texas, Wash	ingtòn, and Wiśconsin.)	
in lin Forn	ne 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	ZIP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
2.4				Och adula D. P.	
3.1	Name			Schedule D, lin	
				☐ Schedule E/F, I☐ Schedule G, Iin	
				Scriedule G, IIII	e
	Number Street	State	ZIP Code		
	City	State	ZIP Code		
3.2				Schedule D, lin	
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify your ca	ase:							
	otor 1 Shlotta S. G								
	otor 2 ouse, if filing)				_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
(If kr	fficial Form 106l				13 income	ed filing ent showing postpe as of the following			
	chedule I: Your Inc	ome				MM / DD/ Y	YYY	12/15	
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your s th you, do not includ	oouse i e inforr	s living	with you, incl about your spo	ude information a ouse. If more space	bout your ce is needed,	
1.	Fill in your employment information.		Debtor 1		Debtor 2	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed			•	☐ Employed		
	attach a separate page with information about additional	zmproyment status	☐ Not employed			☐ Not e	☐ Not employed		
	employers.  Include part-time, seasonal, or	Occupation	Open Enrollment Specialist ADP						
	self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address	1101 NW Parkwa Elk Grove Village		007				
		How long employed to	here? 10 years	i					
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	oort for	any line	, write \$0 in the	space. Include you	ur non-filing	
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mploye	rs for that perso	on on the lines belo	w. If you need	
					Fo	or Debtor 1	For Debtor 2 or non-filing spou		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,178.00	\$I	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	

Calculate gross Income. Add line 2 + line 3.

5,178.00

N/A

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Deb	otor 1	Shlotta S. Gilbert	_		Case	e number (if k	nown)				
					Fo	r Debtor 1			Debtor 2		
	Cop	by line 4 here	4		\$_	5,178	8.00	\$		N/A	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	990	6.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5	b.	\$		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5	c.	\$		0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5	d.	\$		0.00	\$		N/A	
	5e.	Insurance	5	e.	\$	532	2.00	\$		N/A	
	5f.	Domestic support obligations	5	f.	\$_		0.00	\$		N/A	
	5g.	Union dues	5	g.	\$_	(	0.00	\$		N/A	
	5h.	Other deductions. Specify: 401(k) contribution	5	h.+	\$_			+ \$		N/A	
		Personal Plans	_		\$_	29	9.00	\$		N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6		\$_	1,609	9.00	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7		\$_	3,569	9.00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8	a.	\$		0.00	\$		N/A	
	8b.	Interest and dividends		b.	\$		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		C.	\$		0.00	\$		N/A	
	8d.	Unemployment compensation	8	d.	\$		0.00	\$		N/A	
	8e.	Social Security	8	e.	\$	(	0.00	\$		N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income	8	g.	\$_ \$_		0.00	\$ \$		N/A N/A	
	8h.	Other monthly income. Specify:	_ 8	h.+	\$_		0.00	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9	. [	\$_		0.00	\$		N/A	<u> </u>
10	Cal	culate monthly income. Add line 7 + line 9.	10.	¢		3,569.00	+ \$		N/A	= \$	3,569.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	L <sup>-</sup>		3,303.00			14/7		3,303.00
11.	Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	dep					•	Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies							12.	\$	3,569.00
13.	Do :	you expect an increase or decrease within the year after you file this form	?							Combin monthly	ed / income
		No. Yes. Explain:									1
		·									

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Fill	in this information to identify your case:				
	otor 1 Shlotta S. Gilbert		Check	c if this is:	
			□ <i>P</i>	An amended filing	
	ouse, if filing)				ving postpetition chapter the following date:
` '		NOIS	_	· MM / DD / YYYY	
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLI	inois	ľ	VIIVI / DD / TTTT	
1	se number snown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Par 1.	tt 1: Describe Your Household Is this a joint case?				
••	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		23	Yes
					□ No □ Yes
					□ res
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	rt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a sup plicable date.				
the	clude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule I:			Your expe	enses
,51					
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgag	e 4. \$		1,340.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		100.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as h</li> </ul>	nome equity loans	4d. \$ 5. \$		0.00
J.	Additional mortgage payments for your restuctive, Such as f	IOITIC CUUILV IUAITS	J. J		v.uu

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ebtor 1 Shlotta S	Gilbert	Case numb	er (if known)	
Utilities:				
	neat, natural gas	6a.	\$	288.00
6b. Water, sew	er, garbage collection	6b.	\$	44.00
	cell phone, Internet, satellite, and cable services	6c.	\$	0.00
•	.: 6 O-1-1-	0-1	\$	150.00
Cell Phon			\$	130.00
Internet	<del>                                      </del>		Ф \$	15.00
	Collection		\$	56.00
	Collection		·	
	keeping supplies		\$	400.00
	ildren's education costs		\$	0.00
	y, and dry cleaning	9.	·	200.00
•	oducts and services	10.	·	101.00
. Medical and den	•	11.	\$	30.00
	nclude gas, maintenance, bus or train fare.	12.	¢	160.00
Do not include ca			·	
	lubs, recreation, newspapers, magazines, and books	13.		0.00
	butions and religious donations	14.	<b></b>	0.00
Insurance.	urongo dodugtod from ugur neu en ineluded in line - 4 22			
Do not include ins 15a. Life insurar	urance deducted from your pay or included in lines 4 or 20	15a. :	\$	30.00
15b. Health insu		15a. 1		
15c. Vehicle insu		15c.	·	0.00
			·	125.00
15d. Other insur	· · · · · · <u></u>	15d.	<b></b>	0.00
Specify:	lude taxes deducted from your pay or included in lines 4 or	20. 16.	\$	0.00
Installment or lea		4=	•	
17a. Car payme		17a.	·	0.00
17b. Car payme		17b.	·	0.00
17c. Other. Spec			·	0.00
17d. Other. Spec		17d.	\$	0.00
deducted from y	of alimony, maintenance, and support that you did not rour pay on line 5, Schedule I, Your Income (Official For	m <b>106I).</b> 18.	·	0.00
	you make to support others who do not live with you.		\$	0.00
Specify:		19.		
Other real prope 20a. Mortgages	rty expenses not included in lines 4 or 5 of this form or on other property	20a.	\$	0.00
20b. Real estate	taxes	20b.	\$	0.00
20c. Property, h	omeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenand	e, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowne	r's association or condominium dues	20e.	\$	0.00
Other: Specify:	Postage/Bank Fees	21.	+\$	30.00
. Calculate your m	•		<b>c</b>	0.400.00
22a. Add lines 4 t	•	40010	\$	3,199.00
. ,	(monthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
22c. Add line 22a	and 22b. The result is your monthly expenses.		\$	3,199.00
-	onthly net income.			
	2 (your combined monthly income) from Schedule I.	23a.	\$	3,569.00
23b. Copy your	monthly expenses from line 22c above.	23b.	-\$	3,199.00
23c. Subtract vo	ur monthly expenses from your monthly income.			
	s your monthly net income.	23c.	\$	370.00
For example, do you modification to the te	n increase or decrease in your expenses within the year expect to finish paying for your car loan within the year or do you earns of your mortgage?			ase or decrease because o
■ No.				

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Fill to this to face						
FIII IN this infor	mation to identify your	case:				
Debtor 1	Shlotta S. Gilbert					
Dahtan 0	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)					☐ Check if this is an	
					amended filing	
Official Forr	<u>m 106Dec</u>					
Declarat	tion About a	an Individual	<b>Debtor's S</b>	chedules	12/	15
If two married pe	eople are filing togethe	r, both are equally respo	nsible for supplying c	orrect information.		
obtaining money		n connection with a banl			ement, concealing property, or 00, or imprisonment for up to 20	
Sig	n Below					
Did you pa	y or agree to pay some	one who is NOT an attor	rney to help you fill ou	t bankruptcy forms?		
■ No						
☐ Yes. I	Name of person				kruptcy Petition Preparer's Notice	
				Declaration	n, and Signature (Official Form 11	9)
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules f	iled with this declaration	on and	
X /s/ Shl	otta S. Gilbert		X			
	a S. Gilbert		Signature	of Debtor 2		
Signatu	re of Debtor 1		-			

Date \_\_\_\_\_

Date November 15, 2016

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Fill in	this informa	ation to identify you	r case:			
Debtor		Shlotta S. Gilber				
20010.	•	First Name	Middle Name	Last Name		
Debtor (Spouse		First Name	Middle Name	Last Name		
United	States Bani	kruptcy Court for the:	NORTHERN DISTRICT (	JF ILLINOIS		
Case r	number				_	Check if this is an mended filing
	cial For		Affairs for Individ	duals Filing for B	ankruptcv	4/10
inform	ation. If mo r (if known)	re space is needed, . Answer every que	attach a separate sheet to	this form. On the top of any	equally responsible for sup y additional pages, write you	
		current marital statu				
□	Married Not marri	ed				
2. Dı	uring the las	st 3 years, have you	lived anywhere other than	where you live now?		
	No Yes. List	all of the places you I	ived in the last 3 years. Do n	ot include where you live now	<i>ı</i> .	
D	ebtor 1 Pric	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	No Yes. Mak	e sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	Explain	the Sources of You	r Income			
Fil	I in the total	amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
□		n the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$55,029.57	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Shlotta S. Gilbert

		Debtor 1		Debtor 2			
		Sources of income Check all that apply.  Gross income (before deductions a exclusions)		Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
	r last cale anuary 1 to	ndar year: December 3	31, 2015 )	■ Wages, commissions, bonuses, tips	\$1.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
		ndar year befo December 3		■ Wages, commissions, bonuses, tips	\$57,183.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	Include in and other winnings.  List each	come regardl public benefi If you are filir	ess of wheth t payments; ng a joint cas ne gross inco	pensions; rental income; interse and you have income that y	amples of other income are al	·	
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
		ndar year befo December 3		Retirement Income	\$950.00		
Pa	rt 3: Lis	t Certain Pay	ments You	Made Before You Filed for	Bankruptcv		
6.		Pr Debtor 1's Neither De individual puring the Suring the Suring the Suring Yes	or Debtor 2 btor 1 nor Derimarily for a 90 days before Go to line 7 List below a paid that cr not include	est creditor to whom you pai editor. Do not include payments to an attorney for the	r debts? umer debts. Consumer debts Id purpose." id you pay any creditor a total id a total of \$6,425* or more in ints for domestic support oblighis bankruptcy case.	n one or more payments and tations, such as child support a	he total amount you and alimony. Also, do
	■ Yes.	•	•	t on 4/01/19 and every 3 year  r both have primarily consu		or after the date of adjustment	
					id you pay any creditor a total	of \$600 or more?	
		□ No.	Go to line 7				
		■ Yes	include pay			the total amount you paid tha ort and alimony. Also, do not	

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Debtor 1 Shlotta S. Gilbert

	Creditor's Name and Address	Dates of payment Total amount paid		Amount you still owe	Was this payment for	
Shellpoint Mortgage Se 55 Beattie PI Ste 110 Greenville, SC 29601		Monthly	\$1,340.00	\$226,734.00	■ Mortgage □ Car □ Credit Ca □ Loan Re □ Suppliers □ Other	ard
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ortners; relatives of any ger control, or owner of 20% of	neral partners; partn or more of their votin	erships of which yo g securities; and a	u are a genera ny managing a	al partner; corporations gent, including one for
	■ No					
	☐ Yes. List all payments to an insider.  Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
			paid	still owe		
8.	Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos		ments or transfer	any property on a	ccount of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	ne and Foreclosures				
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below.  ■ No. Go to line 11.  □ Yes. Fill in the information below.	v.	erty repossessed,		hed, attached	
	Creditor Name and Address	Describe the Property  Explain what happened	d	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  ■ No □ Yes		erty in the possess	iion of an assigne	e for the bend	efit of creditors, a

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Case number (if known) Document Debtor 1 Shlotta S. Gilbert

Pa	rt 5: List Certain Gifts and Contributions	s			
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ıptcy,	did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:	0	Describe the gifts	Dates you gave the gifts	Value
14.	Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value
Pa	rt 6: List Certain Losses				
15.	or gambling?  ■ No □ Yes. Fill in the details.	·	since you filed for bankruptcy, did you lose anything in the lose anything is since you filed for bankruptcy, did you lose anything is since you filed for bankruptcy, did you lose anything is since you filed for the lose.		
	Describe the property you lost and how the loss occurred	Include	e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	tt 7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or p	repari	id you or anyone else acting on your behalf pay on going a bankruptcy petition? rs, or credit counseling agencies for services required		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	ou	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424		\$60.00 for merged, multi-bureau credit report, credit counseling and debtor education courses.	10/2016	\$60.00
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors o		or transfer any prope	erty to anyone who
	■ No				
	Yes. Fill in the details.  Person Who Was Paid		Description and value of any property	Date payment	Amount of
	Address		transferred	or transfer was made	payment

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Debtor 1 Shlotta S. Gilbert

18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have already No	usiness or financial affa ade as security (such as the	irs? he granting of a s				
	☐ Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and va property transferr		payme	ibe any property or ents received or debts n exchange	Date transfer was made	
	Person's relationship to you				-		
<ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similal beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> </ul>					d trust or similar device	of which you are a	
	Yes. Fill in the details.						
		December 1 and 1 a	-1		Commond.	Data Tanas fancias	
	Name of trust	Description and va	alue of the prop	erty trans	rerrea	Date Transfer was made	
Par	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and Sto	orage Unit	s		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred?	y, were any financial acc	counts or instru	ıments he	ld in your name, or for y	our benefit, closed,	
	Include checking, savings, money market, o houses, pension funds, cooperatives, associated No				t; shares in banks, credi	t unions, brokerage	
	_						
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	moved, or		closed, sold,	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, an	y safe dep	posit box or other depos	itory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?	
22.	Have you stored property in a storage unit of	or place other than your	home within 1	year befor	e you filed for bankrupto	cy?	
	■ No.						
	■ No □ Yes. Fill in the details.						
		Who else has or h	ad acces	Doscribo	the contents	Do you still	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, State and ZIP Code)		Describe	the contents	have it?	
Par	t 9: Identify Property You Hold or Control	·					
	, ., .,						
23.	Do you hold or control any property that so for someone.	meone else owns? Inclu	ide any propert	y you borr	owed from, are storing t	for, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name	Where is the prop	ertv?	Describe	the property	Value	
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, St			proporty	v aiuc	
Par	t 10: Give Details About Environmental Info	ormation					
For	the purpose of Part 10, the following definition	ons apply:					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Shlotta S. Gilbert

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.								
Rep	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.								
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.					
	■ No □ Yes. Fill in the details.								
	Yes. Fill in the details.  Case Title	Court or agency	Nature of the case	Status of the					
	Case Number	Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	case					
Par	rt 11: Give Details About Your Business or Con	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy.	did you own a business or have an	v of the following connections to any	business?					
		n 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company	(LLC) or limited liability partnershi	p (LLP)						
	☐ A partner in a partnership	. ,	. ,						
	_	er, director, or managing executive of a corporation							
	<u>_</u>	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in t								
	Business Name De	escribe the nature of the business	Employer Identification number						
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	Do not include Social Security number or ITIN.  Dates business existed						
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement t		de all financial					
	No								
	Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)								

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-36613 Doc 1 Filed 11/17/16 Entered 11/17/16 08:07:25 Page 42 of 59 Case number (if known) Document

Debtor 1 Shlotta S. Gilbert

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shlotta S. Gilbert Signature of Debtor 2 Shlotta S. Gilbert Signature of Debtor 1 Date November 15, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing tee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$\overline{0.00}\$ toward the flat fee, leaving a balance due of \$\overline{4,000.00}\$; and \$\overline{0.00}\$ for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: November 15, 2016	
Signed:	
/s/ Shlotta S. Gilbert	/s/ George M. Vogl, IV ARDC #
Shlotta S. Gilbert	George M. Vogl, IV ARDC # 6273590
	Attorney for the Debtor(s)
Debtor(s)	
Do not sign this agreement if the amoun	ts are blank.

**Local Bankruptcy Form 23c** 

Case 16-36613 Doc 1 Filed 11/17/16 Entered 11/17/16 08:07:25 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court**Northern District of Illinois

In re	e Shlotta S. Gilbert		Case No.					
		Debtor(s)	Chapter	13				
	DISCLOSURE OF COMPENSA	ATION OF ATTORN	NEY FOR DE	BTOR(S)				
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to				
	For legal services, I have agreed to accept		\$	4,000.00				
	Prior to the filing of this statement I have received		\$	0.00				
	Balance Due		\$	4,000.00				
2. 5	\$310.00 of the filing fee has been paid.							
3.	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4.	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5.	■ I have not agreed to share the above-disclosed compensa	ation with any other person un	less they are memb	pers and associates of my law firm.				
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of							
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
ł	<ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statement</li> <li>c. Representation of the debtor at the meeting of creditors and</li> <li>d. [Other provisions as needed]</li> <li>Exemption planning; preparation and filing</li> <li>and filing of motions pursuant to 11 USC 52</li> </ul>	nt of affairs and plan which m nd confirmation hearing, and of reaffirmation agreeme	nay be required; any adjourned hear nts and applicat	ings thereof;				
7. I	By agreement with the debtor(s), the above-disclosed fee doe	es not include the following so	ervice:					
	C	ERTIFICATION						
	I certify that the foregoing is a complete statement of any agr bankruptcy proceeding.	reement or arrangement for pa	ayment to me for re	epresentation of the debtor(s) in				
N	November 15, 2016	/s/ George M. Vogl,						
D	Date	George M. Vogl, IV Signature of Attorney	ARDC # 627359	0				
		Ledford, Wu & Borg	ges, LLC					
		105 W. Madison 23rd Floor						
		Chicago, IL 60602						
		312-853-0200 Fax: notice@billbusters						
		Name of law firm						

## LEDFORD, WU & BORGES, LLC.

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

FOR OFFICE	USE (13)
Client No. 693	361
Responsible attorn	
CARA signed?	

# ATTORNEY RETENTION CONTRACT

1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means Ledford, Wu & Borges, LLC and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of inconsistency. In the event of any inconsistency between this contract and a Court-Approved Retention Agreement, the latter shall prevail.
2. Services: Client retains Attorney for the following services: Chapter 13 bankruptcy (debt adjustment)
<ul> <li>3. Scope of Representation:</li> <li>(a) Attorney will counsel and represent Client in all aspects of the above matter(s) for the fee specified in Paragraph 4 EXCEPT: (1) adversary proceedings; (2) post-discharge litigation; (3) appeals; (4) other (specify):  (b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties.</li> </ul>
Attorney is unable to represent Client without receiving an advance payment retainer since a security retainer since a security retainer since a security retainer so associates, and \$90/hour for law clerks. The filing fee and expenses are subject to change at any time. The billing rates are subject to an annual review and potential increase every calendar year.  The legal fee smay apply if the parties have entered into a Court-Approved Retention Agreement may apply)  To be paid by:  The legal fee is an advance payment retainer clease retainer, and is a flat fee unless otherwise stated. Attorney is unable to represent Client without receiving an advance payment retainer since a security retainer will be within the reach of Client's creditors. Should hourly billing be necessary, Attorney's billing rates are \$300-\$400/hour for partners, \$250/hour for associates, and \$90/hour for law clerks. The filing fee and expenses are subject to change at any time. The billing rates are subject to an annual review and potential increase every calendar year.  The legal fee covers the initial consultation and all subsequent work. The case may be closed if the fees are not paid by the deadline. Additional legal fees may apply if the parties have entered into a Court-Approved Retention Agreement and such Agreement so authorizes, or if the case is converted from one chapter to another. Additional court costs may apply for amending a petition, list, schedule or statement post-filing or other reasons not due to Attorney's fault. NSF checks will be assessed a \$20 fee.
The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 A Chapter 13 plan will be submitted to the Court in good faith. The plan payment may have to increase if creditor claims come in higher than scheduled, creditors successfully argue that they are entitled to a higher interest rate, the Trustee successfully argues that the budgeted income is lower than actual income, the Trustee successfully argues that budgeted expenses are unreasonably high or the Court makes a finding that the plan is not the best effort you can make to repay your creditors.  TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney
Other (specify):
<ul> <li>6. Client's Duties. Client agrees, during the course of representation, to:</li> <li>(a) provide Attorney with full, accurate and timely information, financial and otherwise;</li> <li>(b) follow Attorney's procedures and cooperate with Attorney in providing requested documents and information;</li> <li>(c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty;</li> <li>(d) inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card or line of credit, or using an existing credit card or line of credit; and</li> <li>(e) promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement.</li> </ul>
7. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ outside counsel, at Attorney's expense, to work on this case, including: Kathleen W. Vaught, Kelly M. Johnson, David Carter, or Christina Banyon.
8. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, and Client will reinburse Attorney for any expenses, including those that otherwise would be free of charge, and authorizes Attorney to apply the filing fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein.  X  Date:  Date:
Attorney Signature: ARDC # 6273590
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# BILLBUSTERS Ledford, Wu and Borges, LLC

105 W. Madison, 23<sup>rd</sup> Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

## **CONSULTATION AGREEMENT**

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FOR OFFICE USE	
Client No. 6936	
Interviewing Attorney: 6	hV.
Date: 10/19/16	

## THIS AGREEMENT IS REQUIRED BY FEDERAL LAW (11 U.S.C. § 528(a))

- 1. Parties: In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford, Wu & Borges, LLC and its staff attorneys.
- 2. Purpose: Client has requested the opportunity to consult with and obtain information and advice from Atorney concerning options for relief from debts, which may include filing bankruptcy. This agreement is for purposes of that consultation only.
- 3. Client's Duties: In order for Attorney to give meaningful advice, Client agrees to give accurate, honest, full and fair disclosure of financial information concerning income over the past three years from all sources, monthly living extenses, the type and amount of all debts (including names and addresses of all creditors), all assets and property owned by the client, wherever located and by whomever held, and any additional information determined by Attorney to be relevant.
- 4. Services: The attorney agrees to provide Client with the following services:
  - a. analyzing Client's financial circumstances based on information provided by Client;
  - b. to the extent possible, advising Client of bankruptcy options and non-bankruptcy options based on the information provided by Client;
  - if Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's
    options, informing Client what additional information Client needs to provide in order to enable Attorney to
    provide such advice and information;
  - d. where applicable, advising Client of the requirements placed upon Client to file a bankruptcy; and
  - e. to the extent possible, quoting a fee for providing bankruptcy and/or nonbankruptcy assistance to Client

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5. Fees	s (check one):		
X)	A consultation fee will be waived if Client decides not to retain Attorn relationship shall terminate at the conclusion of the interview	ey, in which case the attorney client	-
	Client agrees to pay \$ in nonrefundable consultation fee		
the case Client a	event Client decides to retain Attorney, this consultation becomes billable and e, and a new written contract, as well as a Court-Approved Retention Agree and Attorney, which shall supersede this agreement. The new agreement(s) we parties' obligations and a breakdown of the costs.	ment if applicable, must be signed by	7
6. Acki Client i	nowledgement: Client acknowledges that the first date upon which Attorney the date noted above, and that Attorney provided Client with a copy of the mandated by Section 527(b) of the Bankruptcy Code.	provided any bankruptcy assist nce to this agreement and the disclosure and	‡ L
x	X X		
/ Attorne	y Signature:		
		Copyright © 2015 Ledford, Wu & Bornes, LLC	

#### United States Bankruptcy Court Northern District of Illinois

In re	Shlotta S. Gilbert		Case No.	
		Debtor(s)	Chapter 13	
	VE	ERIFICATION OF CREDITOR M	ATRIX	
		Number of	Creditors:	28
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of credit	ors is true and correct to tl	ne best of my
Date:	November 15, 2016	/s/ Shlotta S. Gilbert Shlotta S. Gilbert Signature of Debtor		

Altair OH XII, LLC c/o Weinstein and Riley 2001 Western Avenue, STE 400 Seattle, WA 98121

Americredit Financial Services, Inc dba GM Financial PO Box 183853 Arlington, TX 76096

Calvary Portfolio Services Attention: Bankruptcy Department 500 Summit Lake Dr. Suite 400 Valhalla, NY 10595

Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130

Citibank Usa Citicorp Credit Services/Attn:Centralize Po Box 20507 Kansas City, MO 64195

Comenity Bank/Express Po Box 18215 Columbus, OH 43218

Comenity Bank/Victoria Secret Po Box 18215 Columbus, OH 43218

Dell Financial Services Dell Financial Services Attn: Bankrupcty Po Box 81577 Austin, TX 78708

Emergency Healthcare Physicians PO Box 366 Hinsdale, IL 60522

Fed Loan Servicing Po Box 69184 Harrisburg, PA 17106 GECRB/JC Penny Attention: Bankruptcy Po Box 103104 Roswell, GA 30076

Harris & Harris, Ltd Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604

Hinsdale Hospital 120 N. Oak Street Hinsdale, IL 60521

HSBC NV PO Box 98706 Las Vegas, NV 89193

Internal Revenue Serivce P.O. Box 7346 Philadelphia, PA 19101-7346

LaGrange Memorial Hospital 5101 S. Williow Spring Road LaGrange, IL

MEDICAL????
NAME AND ADDRESS ???

Osi Collect 507 Prudential Rd. Horsham, PA 19044

Portfolio Receovery Associates P.O.Box 41067 Norfolk, VA 23541

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Quantum 3 Group LLC P.O.Box 788 Kirkland, WA 98083-0788

Shellpoint Mortgage Se 55 Beattie Pl Ste 110 Greenville, SC 29601

SOUND & SPIRIT PO BOX 91545 Indianapolis, IN 46291

State Collection Service Po Box 6250 Madison, WI 53716

Suburban Radiologists, SC 1446 Momentum Place Chicago, IL 60689

Trident Asset Manageme 5755 Northpoint Pkwy Ste Alpharetta, GA 30022

Us Dept Of Education Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116

Victoria's Secret Attention: Bankruptcy Po Box 182125 Columbus, OH 43218